

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The current age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH:

County WicomicoCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

PENINSULA GENERAL HospitalHow long in hospital or institution? 8 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County WicomicoCity or town Salisbury, Maryland
(If outside city or town limits, write RURAL and give nearest town)Street No. Queen Road
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

Abbott, Baby Boy

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

MALEWHITESINGLE (Infant)

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

December 8, 1948

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

8

hrs.

min.

9. Birthplace Salisbury, Wicomico, MARYLAND
(Town, county, and state)

10. Usual occupation

None (Infant)

11. Industry or business

MOTHER FATHER

12. Name

Clifford Abbott

13. Birthplace

MARYLAND

14. Maiden name

Hilda Vetter

15. Birthplace

MARYLAND

16. Informant

Clifford Abbott

Address

Salisbury, Maryland17. BURIAL

(Burial, cremation, or removal. Which?)

Date thereof

12-18-48
(month) (day) (year)

Cemetery or crematory

METHODIST CEMETERY

Location

DEAL Island, MARYLAND

18. Funeral director

Wilson Funeral Home

Address

PRINCESS ANNE, MARYLAND19. Dec. 18, 48

(Date rec'd by registrar)

19. 48Solwise Strong Taylor

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH DECEMBER 16, 1948, at 8 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 81948to Dec 161948and that I last saw him alive on Dec. 16, 1948

Immediate cause of death

Prematurity (30-32 wks)

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

Prematurity

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, pub'c place (where?)

Means of injury

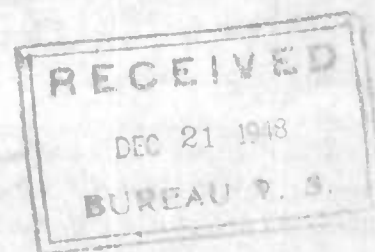
Injured at work?

23. SIGNATURE

Stedman W. Smith MD CM

M. D. or other

Address 500 N. Division - Salisbury Md. Date signed 12-18-48



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

332

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

If veteran, name war

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

6. (c) If alive, give age, years

7. Birth date of

deceased (mo., day, yr.)

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER

FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17

(Burial, cremation, or removal, which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH

19

at

7 A

M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1943

19

to

day of death

and that I last saw her

alive on

12-22-48

19

Immediate cause of death

myocarditis chr.

DURATION

5 yrs

Due to

Due to

Other conditions

arteriosclerosis

hypertension

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, pub'c place (where?)

Means of injury

Injured at work?

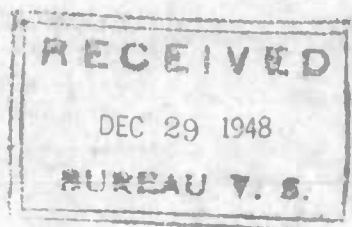
23. SIGNATURE

M. D. or other

Address

Date signed

12-23-48



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12924

Reg. Dist. No. 332

1. PLACE OF DEATH:

County WicomicoCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Peninsula General HospitalHow long in hospital or institution? 26 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WorcesterCity or town Snow Hill Rural #1
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)2.(a) If veteran, name war 70 ✓

3. (a) FULL NAME

Bishop, Iva B.

4. Sex

Female

5. Color or race

col

6.(a) Single, married, widowed, or divorced

single

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, year)

8. AGE:

7512430hrs.min

9. Birthplace

Snow Hill, Worcester, Md
(Town, county, and state)

10. Usual occupation

School

11. Industry or business

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. (Burial, cremation, or removal. Which?)

Cemetery or crematory

Location

18. Funeral director

Address

19. Dec. 15 19 48

(Date rec'd by registrar)

Louise Strong Taylor

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 14 19 48 at 1:55 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov. 16 19 48, to Dec. 14 19 48and that I last saw her alive on Dec. 14 19 48

Immediate cause of death

acute Pulmonary edemaDue to Rheumatic heart diseaseDue to Rheumatic fever

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

noneAutopsy results none done

PHYSICIAN: Please underline the cause to which death should be charged statistically,

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide, _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Joseph H. Foley M.D.Address Peninsula Gen. Hospital Date signed Dec 14, 1948



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12925

Reg. Dist. No. 332

1. PLACE OF DEATH:

County Wicomico
 City or town Salisbury
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Peninsula General HospitalHow long in hospital or institution? 2 days, 5 hours, 25 minutes

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County SomersetCity or town Wenton
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

veteran, name war _____

3. (a) FULL NAME

Bozman, Mr. Edward S.

3. (b) Social Security Number

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced Bachelor

6. (b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) March 9, 1873

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

7592

hrs.

min.

9. Birthplace

St Stephens, Somerset, Md.
(town, county, and state)

10. Usual occupation

farmer

11. Industry or business

truck farmer

FATHER

12. Name

Edw. S. Bozman

13. Birthplace

Monie Md.

MOTHER

14. Maiden name

Adeline Wallace

15. Birthplace

Champ Md.

16. Informant

Mr. Siegfried Bozman

Address

Princess Anne Md

17.

(Burial, cremation, or removal, which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Monie Cemetery

Location

Wenton Md.

18. Funeral director

Wale Daskell

Address

Princess Anne Md

19.

(Date rec'd by registrar)

December 6, 1948 Louise Strong Taylor

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 5 1948 at 7 P. M.

21. I CERTIFY that death occurred on the date above stated that I attended deceased from

Dec. 3 1948 to Dec. 5 1948and that I last saw him alive on Dec. 5 1948

Immediate cause of death

Cerebral Thrombosis DURATION 3 days

Due to

Cerebral arteriosclerosis Symptoms one year

Due to

Other conditions

Hypertension
Essential

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

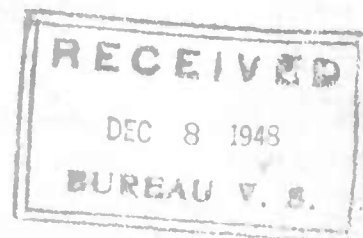
Injured at work?

23. SIGNATURE

David G. Schumaker M.D.
Salisbury Md. Date signed Dec. 5, 1948

M. D. or other

Date signed



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12926

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:

County McCombsCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County McCombsCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)Street No. 405 Barclay st.
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

Nicia H. Campbell

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widow

6. (b) Name of husband or wife

Charles E. Campbell

7. Birth date of

deceased (mo., day, yr.)

Oct. 6 - 1862

8. AGE:

Years 86 Months 1 Days 25 hrs. min.

9. Birthplace

Sussex County Delaware
(Town, county, and state)

10. Usual occupation

Home wife

11. Industry or business

at home

12. Name

James H. Keller

13. Birthplace

Sussex Co. Del.

14. Maiden name

Mary Parsons

15. Birthplace

Parsonburg Md

16. Informant

Howard J. Campbell

Address

104 Alvin Ave. Salisbury Md

17. Burial

Dec. 4 - 48

(Burial, cremation, or removal. Which?)

Parsons County

Cemetery or crematory

Salisbury Md.

Location

Full report to G. Walter R. Hollings

18. Funeral director

Salisbury Md.

Address

Dec - 3 1948 Louise Strong Taylor

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 1st 19 48 at 10:15 P

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Nov. 1 19 48 to Dec. 1 19 48and that I last saw her alive on Dec. 1 19 48

Immediate cause of death

Respiratory failureDue to Carcinoma Esophagus

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Robert B. Starr

M. D. or other

Address Salisbury Date signed 12-3-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 6 1948

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH

County *McComis*City or town *Salisbury*
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred *1008 E. Church st.*

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *md.* County *McComis*City or town *Salisbury*
(If outside city or town limits, write RURAL and give nearest town)Street No. *1008 E. Church st.*

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Lida K. Clark

3. (b) Social Security Number

4. Sex *female*5. Color or race *White*6. (a) Single, married, widowed, or divorced *Married*8. (b) Name of husband *David J. Clark*6. (c) If alive, give age *75* years7. Birth date of deceased (mo., day, yr.) *Feb. 28-1880*8. AGE: Years *68* Months Days If less than one day9. Birthplace *Pomfrithe md.*

(Town, county, and state)

10. Usual occupation *Home wife*11. Industry or business *at home*12. Name *Charles Collins*13. Birthplace *Pomfrithe md.*14. Maiden name *Andy Elizabeth Lewis*15. Birthplace *Pomfrithe md.*16. Informant *David J. Clark*Address *1008 E. Church st. Salisbury md.*17. Burial, cremation, or removal, Which? *Burial*Date thereof *Dec. 31, 48* (month) (day) (year)Cemetery or place of interment *McComis Mem. Park*Location *Salisbury md.*18. Funeral director *W. G. Martin & Holloway*Address *Salisbury md.*19. Date rec'd by registrar *Dec-3*1948 *Souise Strong Taylor* Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH *Dec. 1st* 1948 at *444*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov. 17th 1948 to *Dec 1,* 1948and that I last saw *her* alive on *Dec 1,* 1948

Immediate cause of death

*Cerebral Hemorrhage*Due to *arteriosclerosis*Due to *hypertension*

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE *John H. Freeman M.D.*Address *338 Camden St. Salisbury md.*Date signed *12/1/48*

UNITED STATES DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION

RECEIVED

DEC 6 1948

BUREAU V. S.

Dr. Lewis

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Infant

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.) May 30 - 1948

8. AGE:

Years

Months

Days

If less than one day

9. Birthplace

Ph. Hyatt, Salisbury Md.

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

Date thereof

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Location

18. Funeral director

Address

19. December 13, 1948

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH

Dec. 11, 1948, at 7:30 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on

Immediate cause of death

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

Injured at home, farm, industry, public place (where?)

Injured at work?

23. SIGNATURE

Address

Date signed

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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DEC 15 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:

County Wicomico
City or town near Hebron (Rural)
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 months
Hospital, institution, or street address where death occurred: no
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Wicomico
City or town Rural - near Hebron
(If outside city or town limits, write RURAL and give nearest town)
Street No. none - near Hebron Rd
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Washington, Marcus Washington

3. (b) Social Security Number

4. Sex Male 5. Color or race Colored 6.(a) Single, married, widowed, or divorced None

6.(b) Name of husband or wife None 6.(c) If alive, give age None years

7. Birth date of deceased (mo., day, yr.) November 8, 1948

8. AGE: Years 1 Months 23 Days hrs. min.

9. Birthplace Salisbury Md
(Town, county, and state)

10. Usual occupation None

11. Industry or business None

FATHER 12. Name Samuel James Washfield

13. Birthplace Laurel, Delaware

MOTHER 14. Maiden name Ethel Marie Smith

15. Birthplace Laurel, Delaware

16. Informant Father

Address P.O. address = Mardela, Md.

17. Burial Date thereof Dec. 31, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mardela Cemetery

Location Mardela, Maryland

18. Funeral director None (Father)

Address P.O. Mardela, R.R. 2, Maryland

19. Dec. 31 19 48 Louise Strong Taylor
(Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-31-48 at 3 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from medical to death

and that I last saw him alive on 12-31-48

Immediate cause of death acute tracheobronchitis

disseminated bronchopneumonia (Disseminated)

Due to acute tracheobronchitis disseminated bronchopneumonia (Disseminated)

Other conditions None

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op. None

Autopsy results as above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no

Accident, suicide, or homicide no Date of no

Where did injury occur? no (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) no

Means of injury no Injured at work? no

23. SIGNATURE Louise Strong Taylor M. D. or other no

Address Salisbury Md Date signed 12/31/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

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RECEIVED

JAN 3 1949

BUREAU V. S.

Evidence for change of MARYLAND STATE DEPARTMENT OF HEALTH
Spelling of surname shown on: 2411 N. Charles St., Baltimore

FILM No. G 111 JAN 7 1949

CERTIFICATE OF DEATH

12930-332
Reg. Dist. No.

1. PLACE OF DEATH:

County William
City or town Pyanh
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred: no
How long in hospital or institution? no

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State md County William
City or town Pyanh
(If outside city or town limits, write RURAL and give nearest town)
Street No. no
(If rural, give LOCATION)
2.(a) If veteran, name war World war 1

3. (a) FULL NAME

Carl Deshields

3. (b) Social Security Number

159-18-7422

4. Sex male 5. Color or race a. a. 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Amy Deshields

7. Birth date of deceased (mo., day, yr.) about 1895 8. (c) If alive, give age yes years

8. AGE: Years 53 Months - Days - If less than one day hrs. min.

9. Birthplace Pyanh md
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Same as above

12. Name Henry Deshields

13. Birthplace Pyanh, Md.

14. Maiden name Stella Handy

15. Birthplace Pyanh, Md.

16. Informant William Williams

Address Pyanh md

17. (Burial, cremation, or removal, Which?) Burial Date thereof Jan. 2, 1949
(month) (day) (year)

Cemetery or crematory Pyanh Cem.

Location Pyanh md

18. Funeral director James H. Stewart

Address Baltimore md

19. Dec. 31, 1948 Louise Strong Taylor
(Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH December 26, 1948 at (?) M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Medical Examiner's Certificate

and that I last saw him alive on 19

Immediate cause of death Coronary Atherosclerosis

Due to Coronary Atherosclerosis

Due to Coronary Atherosclerosis

Other conditions Coronary Atherosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations Coronary Atherosclerosis

Date of op. Coronary Atherosclerosis

Autopsy results Coronary Atherosclerosis

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Coronary Atherosclerosis

Where did injury occur? Coronary Atherosclerosis

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Coronary Atherosclerosis

Means of injury Coronary Atherosclerosis

Injured at work? Coronary Atherosclerosis

23. SIGNATURE Charles F. Taylor

Address Baltimore md

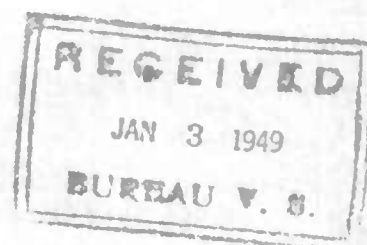
Date signed 1/27/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:

County Wilcomica
 City or town Salisbury Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? life
 Hospital, institution, or street address where death occurred:
115 Willow St.
 How long in hospital or institution? no

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Wilcomica
 City or town Salisbury Md
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 115 Willow St
 (If rural, give LOCATION)
 2(a) If veteran, name war no

3. (a) FULL NAME

Wesley Lee Dixon

3. (b) Social Security Number

no

4. Sex male 5. Color or race aa 6. (a) Single, married, widowed, or divorced single
 6. (b) Name of husband or wife no 6. (c) If alive, give age no years
 7. Birth date of deceased (mo., day, yr.) Feb 8 1948
 8. AGE: Years 9 Months 28 Days 28 If less than one day _____ hrs. _____ min.

9. Birthplace Salisbury, Wic, Md.
(Town, county, and state)10. Usual occupation no11. Industry or business no12. Name Robert Lee Atherson13. Birthplace Salisbury Md14. Maiden name Bettie R Dixon15. Birthplace New York City, N.Y.16. Informant Bettie R DixonAddress Salisbury Md17. Burial Burial Date thereof Dec 8 1948
(Burial, cremation, or removal, White?) (month) (day) (year)Cemetery or crematory St. Paul'sLocation St. Paul's18. Funeral director James StewartAddress Salisbury Md19. Dec 8 48 Louise Strong Taylor
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-4-48 19 12-6-48 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12-4-48 19 12-6-48 19
and that I last saw him alive on 12-6-48 19Immediate cause of death Congenital & phlebotomy DURATION _____

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE C. J. Hearn MAddress 2036 Church St M. D. or other _____Date signed 12/7/48

RECEIVED

DEC 10 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12932

Reg. Dist. No. 332

1. PLACE OF DEATH:

County Wicomico
 City or town Salisbury
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 86 yrs -
 Hospital, institution, or street address where death occurred:
Spring Hill Road
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Wicomico
 City or town Salisbury
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Spring Hill Road
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Edith May Elzey

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widow
 6.(b) Name of husband or wife Ira S. Elzey
 7. Birth date of deceased (mo., day, yr.) July 16, 1868
 6.(c) If alive, give age _____ years
 8. AGE: Years 80 Months 5 Days 14 If less than one day _____ hrs. _____ min.

9. Birthplace Salisbury, Wicomico, Md.
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Ira Hegue
 13. Birthplace Salisbury, Md.

14. Maiden name May Ellen Hegue
 15. Birthplace Salisbury, Md.

16. Informant Mr. Percy Elzey -
 Address Salisbury, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1/1/49
 (month) (day) (year)

Cemetery or crematory Parsons
 Location Salisbury, Md.

18. Funeral director The Hill & Johnson Co.
 Address Salisbury, Md.

19. Jan. 1 1949 Loise Strong Taylor Registrar
 (Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 30 1948 at 5:30 P.
 M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1947 to Dec 30 1948
 and that I last saw him alive on Dec. 30 1948

Immediate cause of death Cerebral Hemorrhage DURATION 1 day

Due to _____

Due to _____

Other conditions Hypertension Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE John R. Mann M. D. or other _____

Address Salisbury, Md. Date signed 12/31/48

RECEIVED

JAN 3 1949

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12933

Reg. Dist. No. 332

1. PLACE OF DEATH:

County WicomicoCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address when death occurred:

RD. # 4, (Ocean City Road)

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For non-born infants give residence of mother)

State Md. County WicomicoCity or town Salisbury
(If outside city or town limits write RURAL and give nearest town)Street No. RD. # 4 (Ocean City Road)
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

Marrin Thomas Bladden

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

MEDICAL CERTIFICATION

20. DATE OF DEATH

Dec. 8th 1948 at 1306 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

10:00 to 10:45 to Dec 8 1948and that I last saw him alive on Dec 8 1948

Immediate cause of death

Coronary Occlusion

DURATION

8. AGE:

Years

Months

Days

If less than one day

57327

hrs.

min.

9. Birthplace

Chance Maryland
(Town, county, and state)

10. Usual occupation

Produce & Fur

11. Industry or business

Burke

12. Name

George V. Bladden

13. Birthplace

Chance Maryland

14. Maiden name

Harriett Elizabeth Parker

15. Birthplace

Chance Md.

16. Informant

Ms. Ada E. Bladden

Address

RD. # 4, Salisbury Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 10 DEC. 10-48

(month) (day) (year)

Cemetery or crematory

Adams Cemetery

Location

Salisbury Maryland

18. Funeral director

Walter P. Hollman

Address

Salisbury Maryland

19. Date rec'd by registrar

Dec. 9 1948 Swiss Troutman Registrar

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Paul R. Grasse M.D.

M. D. or other

Address

Salisbury Md.Date signed 12/9/48

RECEIVED
DEC 11 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 11336

12934

1. PLACE OF DEATH:

County WicomicoCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 7 daysHospital, institution, or street address where death occurred
Peninsula General HospitalHow long in hospital or institution? 7 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WicomicoCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)Street No. 209 Cross
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Gravenor, Shirley Louise

3. (b) Social Security Number

4. Sex

Female white

5. Color or race

6. (a) Single, married, widowed, or divorced

single

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.) August 17, 1948

8. AGE:

Years

Months

Days

If less than one day

314

hrs.

min.

9. Birthplace

Salisbury - Wicomico - Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name

Linwood Gravenor

13. Birthplace

Pittsville Md.

MOTHER

14. Maiden name

Lillian Perdue

15. Birthplace

Parsonsburg, Md.

16. Informant

Mr. Linwood Gravenor

Address

209 Cross St. - Salisbury, Md.

17.

Burial

Date thereof

12-5-48
(month) (day) (year)

Cemetery or crematory

Wine Cemetery

Location

Whiteville, Maryland

18. Funeral director

W. S. Marvel Co.

Address

Delmar, Delaware

19.

December 4, 1948

(Date rec'd by registrar)

Harry E. Hudson

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 4 19 48 at 5:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

26 Nov. 19 48, to 4 Dec. 19 48and that I last saw him alive on 3 Dec. 19 48

Immediate cause of death

Lobar pneumonia, right

DURATION

15 days

Due to

Due to

Other conditions

Abcesses, multiple, 10 dayslung, right
(Include pregnancy within 5 months of death)

Major findings of operations

Bronchoscopy with
removal mucus plugs Date of op. 12/2/48

Autopsy results

Same

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Anderson, M.D.

M. D. or other

Address

Salisbury, MarylandDate signed 12/4/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and briefly.

RECEIVED

DEC 7 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 12985 332

1. PLACE OF DEATH:

County Wicomico Co
 City or town Salisbury Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? about 1 yr.
 Hospital, institution, or street address where death occurred:
about 1 yr.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Wicomico Co
 City or town Salisbury Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Hammond, Alice

3. (b) Social Security Number

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Female ce widowed

6.(b) Name of husband or wife Unknown

7. Birth date of deceased (mo., day, yr.) 1867
 6.(c) If alive, give age _____ years

8. AGE: Years Months Days If less than one day
81 yrs - - - hrs. min.

9. Birthplace Newark Md
(Town, county, and state)10. Usual occupation Domestic11. Industry or business none12. Name Unknown

13. Birthplace _____

14. Maiden name _____

15. Birthplace _____

16. Informant Madeline MutterAddress Salisbury Md.17. (Burial, cremation, or removal. Which?) Burial Date thereof Jan 3, 1949
(month) (day) (year)Cemetery or crematory Cedar Chapel CnLocation Newark Md18. Funeral director Booker T. WestAddress Salisbury, Md

19. Dec 31 19 48 Salisbury Md
 (Date rec'd by registrar) _____ Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 30 19 48, at 6 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12-15 19 48 to 12-30 19 48
 and that I last saw him alive on 12-30 19 48

Immediate cause of death Victim of Schrotic Heart Disease
 DURATION Indefinite

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE E. Purcell M. D. or other

Address 800 N. Main St Salisbury Md Date signed 12/31/48

MASSACHUSETTS STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED
JUL 3 1949
BUREAU T. J.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:

County... Wicomico

City or town... Salisbury
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Reminick General Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Md. County... Wicomico

City or town... Salisbury Eden
(If outside city or town limits, write RURAL and give nearest town)

Street No. R.D. # 2
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Hitchens, Mr. Curren Benjamin

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife... Mrs. Ella L. Hitchens

7. Birth date of deceased (mo., day, yr.) March 8-1894 6.(c) If alive, give age 53 years

8. AGE: Years 54 Months 9 Days 19 hrs. 53 min.

9. Birthplace... Dagobro, Del.
(Give county, and state)

10. Usual occupation... Night attendant

11. Industry or business... at Brown's garage

12. Name... Peter C. Hitchens

13. Birthplace... Sussex Co. Del.

14. Maiden name... Martha Phillips

15. Birthplace... Sussex Co. Del.

16. Informant... Mrs. Ella L. Hitchens

Address... R.D. # 2, Eden Md.

17. Burial Date thereof... Dec. 29-48
(Burial, cremation, or removal? (month) (day) (year))

Cemetery or crematory... Mt. View Park

Location... Salisbury Md.

18. Funeral director... Walter R. Holloman

Address... Salisbury Md.

19. Date rec'd by registrar... Dec. 28 19 48 Lois Strong Taylor Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... Dec. 27 19 48 at 10:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended the deceased from medical examination to death

and that I last saw him alive on 12/26/48

Immediate cause of death... Barbiturate poisoning
(Name)

Due to... Barbiturate poisoning

Due to... Barbiturate poisoning

Other conditions... Barbiturate poisoning

(Include pregnancy within 3 months of death)

Major findings of operations... none

Date of op... none

Autopsy results... none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Suicide Date of... 12/26/48

Where did injury occur? Frontal room (City or town) (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury took second Injured at work? no

23. SIGNATURE... Dr. Harry M. Gammon M. D. or other

Address... Salisbury Md. Date signed... 12/27/48

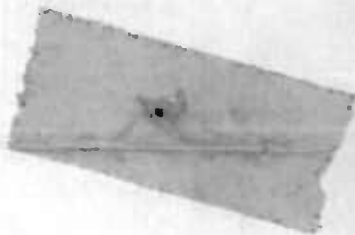
MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

T

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1255
2/5/48



RECEIVED
DEC 30 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:

County ThompsonCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Peninsula General Hospital
How long in hospital or institution? 8 days, 19 hrs & mins

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Stockton
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (b) Social Security Number

3. (a) FULL NAME

Holland, George, Jr.4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced widowed6. (b) Name of husband or wife anona Holland7. Birth date of deceased (mo., day, yr.) may 18 53 6. (c) If alive, give age dead years8. AGE: Years 65 Months _____ Days _____ If less than one day _____ hrs. _____ min.9. Birthplace Stockton, W. Md.
(Town, county, and state)10. Usual occupation farmer (farming)

11. Industry or business

12. Name George Holland, Sr.13. Birthplace Stockton md14. Maiden name Edon Spence15. Birthplace Stockton md16. Informant Milton MarshallAddress Birdshead md17. burial Date thereof dec. 24 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Home Beneficial (Beneficial)Location Stockton md18. Funeral director Jessie BennettAddress Stockton md19. Dec. 22 19 48 Jessie Bennett Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH December 21 19 48 at 3:15 P.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12/12 19 48 to 12/21 19 48and that I last saw him alive on 12/21 19 48Immediate cause of death volvulusof small intestine DURATION 2 daysDue to Carcinoma of prostatemetastases

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results as above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

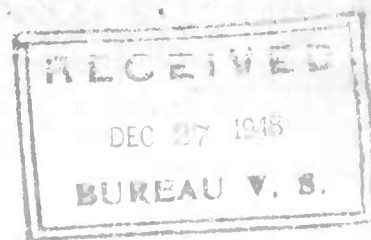
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE William B. Long M.D.Address Salisbury, Md. Date signed 12/22/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. **12938** **332**

1. PLACE OF DEATH
County **Wicomico**
City or town **Salisbury**
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
607. S. Cinnamon St.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For new-born infants give residence of mother)
State **MD.** County **Wicomico**
City or town **Salisbury**
(If outside city or town limits, write RURAL and give nearest town)
Street No. **607. S. Cinnamon St.**
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Harry Sehl Hullock

3. (b) Social Security Number

4. Sex **Male** 5. Color or race **White** 6.(a) Single, married, widowed, or divorced **Married**
6.(b) Name of husband or wife **Viola B. Hullock**
6.(c) If alive, give age **58** years
7. Birth date of deceased (mo., day, yr.) **Dec. 27-1883**
8. AGE: Years **65** Months **11** Days **7** If less than one day
hrs. min.

9. Birthplace **Chertutown Md.**
(Town, county, and state)

10. Usual occupation **Salisbury**

11. Industry or business **Salisbury**

12. Name **Charles H. Hullock**

13. Birthplace **P.O. Chertutown Md.**

14. Maiden name **Sarah Adelle Jones**

15. Birthplace **New Hampshire**

16. Informant **Mrs. Viola B. Hullock**

Address **607. S. Cinnamon St. Salisbury Md.**

17. Burial Date thereof **Dec. 27-1948**
(Burial, cremation, or removal) Which? (month) (day) (year)

Cemetery or crematory **Wicomico Mem. Park**

Location **Salisbury Maryland**

18. Funeral director **W.H. McCall & Co. Walter R. Holloman**

Address **Salisbury Maryland**

19. December 6, 1948. **Soime Strong Taylor**
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH **Dec. 4** 19 **48** at **7 a.** M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **Jan. 1946** to **12/4/48**

and that I last saw him alive on **12/4/48**

Immediate cause of death **Coronary Occlusion**

Due to **arterio-sclerotic heart disease**

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE **F. R. France M.D.**

Address **Salisbury Md.** Date signed **12/4/48**

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 8 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.

12939

332

1. PLACE OF DEATH:

County Frederick

City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick General Hospital
How long in hospital or institution? 7 days 20 hrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For non-born infants give residence of mother)

State MD. County Frederick

City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Jarman, Mr. James (James Alfred Jarman)

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Laura Etta Jarman

7. Birth date of deceased (mo., day, yr.) July 1st 1890 6. (c) If alive, give age 68 years

8. AGE: Years 58 Months 5 Days 5 If less than one day hrs. min.

9. Birthplace Sussex Co. Del.
(Town, county, and state)

10. Usual occupation Shoe maker

11. Industry or business Repair shop

12. Name William Henry Jarman

13. Birthplace Sussex Co. Del.

14. Maiden name Ellen Irene Trader

15. Birthplace Sussex Co. Del.

16. Informant Mr. Laura Etta Jarman

Address Frederick Md

17. Burial Frederick Md Date thereof Dec 8-1948

(Burial, cremation, or removal. Which) (month) (day) (year)

Cemetery or place of interment Frederick Md

Location Frederick Md

18. Registrar Frederick Md

19. Date rec'd by registrar Dec 8-1948

20. Date of death December 6 1948 at 10:55 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12-6-48 to 11 AM 19 48

and that I last saw him alive on 12-6-48 19 48

Immediate cause of death Congestive heart failure

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

COINCIDENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Injured at work?

23. SIGNATURE Dr. L. L. Taylor, M.D. M. D. or other

Address Frederick, Md. Date signed 12-7-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 10 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

EVIDENCE FOR ADDITION
IN # 21, 150N:
FILM # G118-7-4-49

1. PLACE OF DEATH:

County WicomicoCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Memorial General Hospital

How long in hospital or institution?

17 1/2 hrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County WicomicoCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)Street No. 608 Booth St.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Johnson, Pearl

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female e Widowed6. (b) Name of husband or wife Milton Johnson7. Birth date of deceased (mo., day, yr.) Oct. 22, 18978. AGE: Years Months Days If less than one day
51 1 16 hrs. min.9. Birthplace Whaleyville, Wicomico, Md.
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name George Farlow13. Birthplace Whaleyville, Md14. Maiden name Laura Parsons15. Birthplace Parsonsburg, Md.16. Informant Katharine YoungAddress 608 Booth St. Salisbury17. Burial Date thereof 12/12/48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Green Acre CemeteryLocation Salisbury, Md.18. Funeral director Hollman & K. HollmanSalisbury Md.19. December 10 1948 Lois Strong Taylor
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 8 19 48 at 7:30 PM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 7/5 48 to December 8/5 48
and that I last saw him alive on December 7/5 48Immediate cause of death Heart FailureDue to Pneumonia, Lobar
(Bilateral) (3/3/49) S.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. HearnAddress 203 W. Church St. M. D. or other 12/8/48Date signed Salisbury Md.

RECEIVED

DEC 13 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12941

Reg. Dist. No.

332

1. PLACE OF DEATH:

County W. CarverCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Pennsola General HospitalHow long in hospital or institution? 1 hr. 37 min.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County SomersetCity or town Princess Anne
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Johnson (Twin #1), ROBERT NOEL

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Newborn

6. (b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.)

December 1, 1948 6. (c) If alive, give age _____ years8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hrs. 37 min.8. Birthplace Salisbury Wic. Md.

(Town, county, and state)

10. Usual occupation Infant

11. Industry or business _____

12. Name Johnson, Joseph13. Birthplace Bridgeton, Miss.14. Maiden name Pretty, Naomi Mata15. Birthplace Chicago, Ill.16. Informant Mother (above)Address Princess Anne, Md.17. Cremation Date thereof 12/1/48
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Pennsola General HospitalLocation Salisbury, Md.18. Funeral director Pennsola General HospitalAddress Salisbury, Md.19. Dec. 2 19 48 Lois Strong Taylor
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-1 19 48 at 12:37 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

12-1 19 48, to 12-1 19 48and that I last saw him alive on 12-1 19 48Immediate cause of death Respiratory failure DURATIONDue to Prematurity 1 1/2 hrs.

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

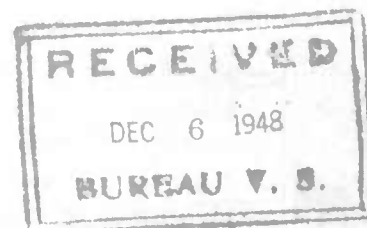
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE R R Starr M. D. or otherAddress Salisbury Date signed 12-1-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Write correct age especially important. Physicians: please write the causes of death clearly and

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:

County WicomicoCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Peninsula General Hospital

How long in hospital or institution?

1 hr. - 2 min.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County SomersetCity or town Princess Anne
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Johnson (Twin #2), THOMAS JOEL

3. (b) Social Security Number

4. Sex

Male

5. Color of race

White

6. (a) Single, married, widowed, or divorced

Newborn

6. (b) Name of husband or wife _____

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

December 1, 1948

8. AGE:

Years

Months

Days

If less than one day

1 hrs. 2 min.

9. Birthplace

Salisbury, Wic. md.
(Town, county, and state)

10. Usual occupation

Infant

11. Industry or business _____

MOTHER FATHER

12. Name

Johnson Joseph

13. Birthplace

Bridgeton, Miss.

14. Maiden name

Pretty, Neoma Marie

15. Birthplace

Chicago, Ill.

16. Informant

Mother (above)

Address

Princess Anne md

17.

CremationDate thereof 12/1/48
(month) (day) (year)

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Peninsula General Hospital

Location

Salisbury md

18. Funeral director

Peninsula General Hospital

Address

Salisbury md

19.

Dec. 2 19 48
(Date rec'd by registrar)Lois Strong Taylor
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 1 19 48 at 12:06 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

12-1 19 48 to 12-1 19 48and that I last saw him alive on 12-1 19 48

Immediate cause of death

Respiratory failure

DURATION

Due to

Prematurity1 hr.

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work? _____

23. SIGNATURE

R. R. Starr
M. D. or otherAddress Salisbury Date signed 12-1-48

RECEIVED

DEC 6 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

12943
332

1. PLACE OF DEATH

County WicomicoCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 daysHospital, institution, or other address where death occurred: P.S. Hosp.How long in hospital or institution? 2 days

3. (a) FULL NAME

Hettie Jones

3. (b) Social Security Number

4. Sex Female5. Color or race White6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife George W. Jones6. (c) If alive, give age Dead years7. Birth date of deceased (mo., day, yr.) Oct. 17-18698. AGE: Years 79 Months 1 Days 21 If less than one day8. AGE: 79 hrs. 21 min.9. Birthplace Worcester Co. Md.

(Town, county, and state)

10. Usual occupation Retired11. Industry or business Levin J. Miller12. Name Worcester Co. Md.13. Birthplace Worcester Co. Md.14. Maiden name Sophie Evans15. Birthplace Worcester Co. Md.16. Informant Head of John B. Parson HomeAddress Salisbury Md.17. Buried Date thereof Dec. 10-48

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Ever Green CemeteryLocation Berlin Maryland18. Funeral director William H. Miller & HollingsAddress Salisbury Md.19. December 10 1948 Registrar Doyle Strong

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County WicomicoCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)Street No. John B. Parson Home

(If rural, give LOCATION)

2. (a) If veteran, name war Lesson Bill Salisbury Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 8th 19 48 at 430 AM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 10 48 to Dec 8 48and that I last saw her alive on Dec. 8 19 48Immediate cause of death Valvular Heart DiseaseDURATION when

Due to

Due to

Other conditions Hypertension Chronic Nephritis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE John R. Mann

M. D. or other

Address Salisbury Md.Date signed 12/9/48

RECEIVED
DEC 13 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

12944

332

1. PLACE OF DEATH:

County Wicomico
 City or town Salisbury
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 4 mo
 Hospital, institution, or street address where death occurred:
Ocean City Road
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Wicomico
 City or town Salisbury, Md
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Ocean City Road
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Mary Anna Jones

3. (b) Social Security Number

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife Lee Jones
 7. Birth date of deceased (mo., day, yr.) Aug 8, 1868 8.(c) If alive, give age - years
 8. AGE: Years 80 Months 4 Days 4 If less than one day - hrs. - min.
 9. Birthplace Salisbury, Wicomico, Md
 (Town, county, and state)
 10. Usual occupation Housewife

11. Industry or business
 12. Name Unknown
 13. Birthplace
 14. Maiden name Unknown
 15. Birthplace

16. Informant Miss Ida Jones
 Address Salisbury, Md
 17. Burial Date thereof 12/14/48
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematorium Littleton Burial Plot
 Location Drum Hill Rd, Salisbury, Md

18. Funeral director The Bell & Johnson Co
 Address Salisbury, Md
December 13, 1948 Louise Strong
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/12/48 19 - at 8 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11/20 19 48, to 12/12/48 19 -
 and that I last saw him alive on 12/11/48 19 -

Immediate cause of death Coronary Occlusion
 Due to Arterio-sclerotic heart disease

Due to -
 Due to -

Other conditions -
 (Include pregnancy within 3 months of death)

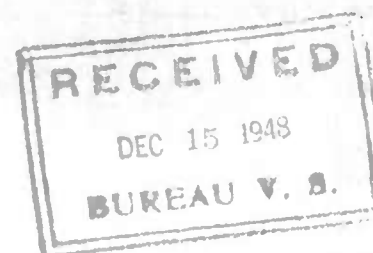
Major findings of operations -
 Date of op. -

Autopsy results -
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide - Date of -
 Where did injury occur? - (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) -
 Means of injury - Injured at work? -

23. SIGNATURE Frederick J. Grams, MD
 M. D. or other -
 Address Salisbury, Md Date signed 12/12/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12945
Reg. Dist. No. 832

1. PLACE OF DEATH:

County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 12 days
Hospital, institution, or street address where death occurred:
415 Davis Street
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)
State Maryland County Worcester
City or town Pocomoke
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3. (a) FULL NAME

Edward J. Landing

3. (b) Social Security Number

_____ ?

4. Sex Male 5. Color or race white 6.(a) Single, married, widowed, or divorced widowed

6.(b) Name of husband or wife Ida Landing
6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) November 17-1876

8. AGE: Years 72 Months 1 Days 11 If less than one day _____ hrs. _____ min.

9. Birthplace Pekaboth Somerset Md
(Town, county, and state)

10. Usual occupation labor at

11. Industry or business mason cannery

12. Name William J. Landing

13. Birthplace Md

14. Maiden name Alice Parker

15. Birthplace Virginia

16. Informant Mr J W. London

Address Wachapreague Va

17. Burial Date thereof Dec 30, 1948
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Salon M E Cemetery

Location Pocomoke Md

18. Funeral director John W. Dabbs

Address Pocomoke Md

19. Dec 30 19 48 Louise Strong Taylor
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 28 19 48 at 1 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 18 19 48 to December 28 19 48

and that I last saw him alive on December 28 19 48

Immediate cause of death Cerebral Hemorrhage

Due to arteriosclerosis

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide no Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Alfred W. M. D. or other _____

Address Salisbury, Md. Date signed 12/28/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JAN 3 1949

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12946

Reg. Dist. No. 332

1. PLACE OF DEATH:

County Wicomico
 City or town Mr. Powellsville Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? life
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Wicomico
 City or town Powellsville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2(a) If veteran, name war

3. (a) FULL NAME

John Elton Littleton

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Olivia Littleton

7. Birth date of deceased (mo., day, yr.)

July 30 1891

8. (c) If alive, give age

48 years

8. AGE:

Years

Months

Days

If less than one day

57428

hrs.

min.

9. Birthplace

Maryland
(Town, county, and state)

10. Usual occupation

Blacksmith

11. Industry or business

FATHER

12. Name

Jodie Littleton

13. Birthplace

Maryland

MOTHER

14. Maiden name

Isabel Littleton

15. Birthplace

Md

16. Informant

Elmer Littleton

Address

Pittsville Md

17.

(Burial, cremation, or removal. Which?)

Date thereof

Dec 30 1948
(month) (day) (year)

Cemetery or crematory

St Johns Cemetery

Location

Powellsville Md

18. Funeral director

Am Howard Wells

Address

Pittsville Md

19.

(Date rec'd by registrar)

19 48Louise Strong Taylor
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 26th 19 48, at (?) M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Medical Examiner Certificate
and that I last saw h..... alive on..... 19.....

Immediate cause of death.....

DURATION

Tuberculous meningitisseveral
years

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?

(City or town)

(County)

(State)

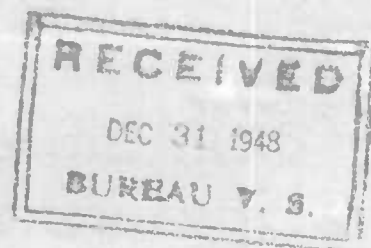
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE.....

Oliver P. Fisher
Medical Examiner
Pittsville Md
Address..... Date signed 12/29/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:

County McCombs

City or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:
202 N. College Ave

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County McCombs

City or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)

Street No. 202 N. College Ave
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

Willie A. Greer

3.(b) Social Security Number

4. Sex female

5. Color or race White

6.(a) Single, married, widowed, or divorced Widow

6.(b) Name of husband or wife Alfred H. Greer

6.(c) If alive, give age Dead years

7. Birth date of deceased (mo., day, yr.) Aug. 8 - 1877

8. AGE: Years 71 Months 4 Days 15 If less than one day hrs. min.

9. Birthplace Stockton Md.
(Town, county, and state)

10. Usual occupation Home wife

11. Industry or business at home

12. Name William A. Clona

13. Birthplace Hounstony Va.

14. Maiden name Emma Cherry

15. Birthplace Stockton Md.

18. Informant Mrs. Silas Chyeman

Address Fruitland Md.

17. Burial (Burial, cremation, or removal, Which?) Buried

Date thereof Dec. 27-48

Cemetery or crematory Phonon Cem.

Location Salisbury Md

18. Funeral director Holloway & G. Walter R. Holloway

Address Salisbury Md

19. Date rec'd by registrar Dec. 27 48

Signature Louise Strong Taylor

Address Salisbury Md

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 23 1948 at 3:20 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept 20, 1946, to Dec 23, 1948.

and that I last saw him alive on Dec 23, 1948.

Immediate cause of death Congestive Heart Failure DURATION 4 months

Coronary Disease ?

Due to Arteriosclerotic Heart Disease

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, pub'c place (where?)

Means of injury Injured at work?

23. SIGNATURE John H. German M.D.

M. D. or other

Address 238 Camden Ave Date signed 12-23-48

Salisbury Md

RECEIVED

DEC 29 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12948

Reg. Dist. No. 332

1. PLACE OF DEATH:

County Salisbury
City or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
Peninsula General Hospital
How long in hospital or institution? 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Delaware County Sussex
City or town DuPont
(If outside city or town limits, write RURAL and give nearest town)
Street No. 201 Front St.
(If rural, give LOCATION)
2.(a) If veteran, name war.

3. (a) FULL NAME

Mason, Mr. Charles B. Jr.

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced married
6.(b) Name of husband or wife Bertha N. Mason
7. Birth date of deceased (mo., day, yr.) Dec 24, 1879 6.(c) If alive, give age 6 years
8. AGE: Years 69 Months 6 Days 6 If less than one day hrs. min.

9. Birthplace Accomack county Va.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

12. Name Charles B. Mason Sr.
13. Birthplace Accomack, Va.
14. Maiden name Hannie Miller
15. Birthplace Accomack, Va.

16. Information Mr. Mason 2100 1st St.
Address 309 E. William St. Salisbury, Md.

17. Burial (Burial, cremation, or removal) Which? Burial Date thereof Dec 24, 1948
(month) (day) (year)
Cemetery or crematory Edgemoor Cem.

Location Accomack, Va.

18. Funeral director Berbert D. Livingston
Address Accomack, Va.

19. Dec 23 1948 Louise Strong Taylor
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 23, 1948 at 2:20 M.

21. I CERTIFY that death occurred on the date above stated: That I attended deceased from Dec 18, 1948 to Dec 23, 1948
and that I last saw him alive on Dec 22, 1948
Immediate cause of death Respiratory failure
DURATION

Due to Carcinoma of stomach 1 mos.

Due to

Other conditions Secondary anemia
(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Robert R. Staro
M. D. or other

Address Salisbury Date signed 12-23-48

MARGIN RESERVED FOR BINDING

1

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

201 Dec 10
A. J. J. J. J.

10

10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

RECEIVED
DEC 27 1948

10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct page is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:

County..... Wicomico
 City or town..... Salisbury Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 24 days
 Hospital, institution, or street address where death occurred:
Mrs. Wright's Nursing Home, David St.
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... Maryland County..... Wicomico
 City or town..... near Pittsville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Thiram Purnel Mc Donnell

3. (b) Social Security Number

4. Sex..... male 5. Color or race..... white 6.(a) Single, married, widowed, or divorced..... widowed
 6.(b) Name of husband or wife.....
 7. Birth date of deceased (mo., day, yr.)..... Aug 15th 1867 6.(c) If alive, give age..... years
 8. AGE: Years..... 81 Months..... 4 Days..... 12 If less than one day..... hrs. min.

9. Birthplace..... Delaware
(Town, county, and state)10. Usual occupation..... none

11. Industry or business.....

12. Name..... unknown

13. Birthplace.....

14. Maiden name.....

15. Birthplace.....

16. Informant..... Richard Mc DonnellAddress..... Easton Md 2117. Burial, cremation, or removal. Which?..... Buried Date thereof..... Dec 31st 1948
(month) (day) (year)Cemetery or crematorium..... Parkers Cr. Funeral HomeLocation..... Pittsville, Delaware Md.18. Funeral director..... Wm Howard WellsAddress..... Pittsville Md19. Dec. 29 48 Louise Strong Taylor

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... December 27 19. 48 at 8:45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
December 14 19. 48 to December 27 19. 48
 and that I last saw him alive on December 27 19. 48

Immediate cause of death..... Tubercular enteritis
 DURATION..... 24 days

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

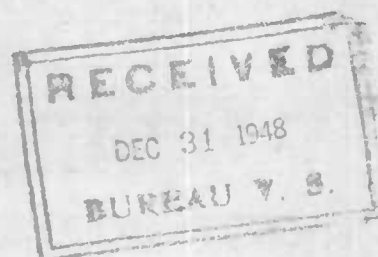
Accident, suicide, or homicide..... no Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... Spine MD M. D. or otherAddress..... Salisbury, Md. Date signed..... 12/27/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:

County WicomicoCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 8 yrs.

Hospital, institution, or street address where death occurred:

127 West School St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Wicomico County SalisburyCity or town Salisbury
(If outside city or town limits write RURAL and give nearest town)Street No. 127 W. School St.
(If rural, give LOCATION)

3 (a) If veteran, name war.

3. (a) FULL NAME

messick, Linwood Tilden

3. (b) Social Security Number

4. Sex M.5. Color or race W.6. (a) Single, married, widowed, or divorced Widowed6. (b) Name of husband or wife Lucy Messick6. (c) If alive, give age dead years7. Birth date of deceased (mo., day, yr.) Dec. 10, 18768. AGE: Years 72 Months 3 Days 3 If less than one day8. (b) Name of husband or wife Lucy Messick8. (c) If alive, give age dead years9. Birthplace Crisle, Baltimore, Md.
(Town, county, and state)10. Usual occupation Bookkeeper11. Industry or business Contractor12. Name William Messick13. Birthplace Typhum, Md.14. Maiden name Henrietta Lapham15. Birthplace Quantico, Md.16. Informant Charles MessickAddress 127 W. School St. Salisbury, Md.17. (Burial, cremation, or removal. Which?) Burial Date thereof 12/16/48
(month/day/year)Cemetery or crematory Maple CemeteryLocation Typhum, Md.18. Funeral director David L. MessickAddress Salisbury, Md.19. Dec. 16 1948 Sevin Strong Taylor
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 13 1948 at 6 40 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him medically on ex. 12/13/48 1948Immediate cause of death Cerebral HemorrhageDURATION 15 min.

Due to

Due to

Other conditions none

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

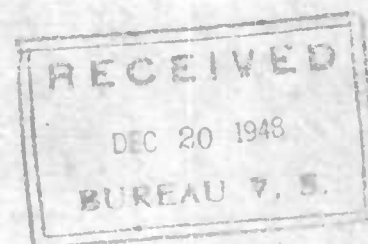
22. VIOLENCE: If death was due to external causes, fill in the following: No

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury La Roche, Md. injured at work?23. SIGNATURE Deputy Medical ExaminerAddress Salisbury, Md. Date signed 12/13/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12951

Reg. Dist. No. 330

1. PLACE OF DEATH:

County... Wicomico
 City or town... Mardela Springs
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? ..
 Hospital, institution, or street address where death occurred: ..
 How long in hospital or institution? ..

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... MD County... Wicomico
 City or town... Seban
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Linwood Irwin

3. (b) Social Security Number

miller

4. Sex

M.

5. Color or race

W.

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Clara Miller

7. Birth date of deceased (mo., day, yr.)

July 21, 1917

B. (c) If alive, give age

42 years

8. AGE:

Years

Months

Days

If less than one day

3153

hrs.

min.

9. Birthplace

Wilmington New Castle Del.
(town, county, and state)

10. Usual occupation

Electrician

11. Industry or business

Engineering Contractor

FATHER

12. Name

Robert Miller

13. Birthplace

Seban, Md.

MOTHER

14. Maiden name

Mr. Clara Kinnerly

15. Birthplace

Mardela Springs, Md.

16. Informant

Mr. Clara Miller

Address

Seban, Md.

17.

Burial
(Burial, cremation, or removal. Which?)

Date thereof

12/28/48
(month) (day) (year)

Cemetery or crematory

Seban Cemetery

Location

Seban, Md.

18. Funeral director

David E. Merrick

Address

Seban, Md.

19.

12/28/48
(Date rec'd by registrar)

19.

W.H. Chertom
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/24/48 1948 at 3:30 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from medical to examination and that I last saw him alive on 12/24/48

Immediate cause of death

Cerebral edema
Supernat left kidney

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

none

Date of op.

Autopsy results

none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 12/24/48Where did injury occur? Near Mardela Wicomico
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) HighwayMeans of injury car on off road & rolled over Injured at work? no

23. SIGNATURE

John R. Miller

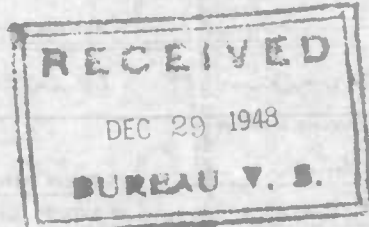
M. D. or other

Address

Seban, Md.Date signed 12/28/48

UNITED STATES DEPARTMENT OF HEALTH

INSTITUTIONAL REPORT



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

12952

1. PLACE OF DEATH:
County Wicomico
City or town Sehon
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For new-born infants give residence of mother)
State MD County Wicomico
City or town Sehon
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Moore, Lee 3. (b) Social Security Number

4. Sex Male 5. Color or race Col 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) (unknown) APT. 1907 8. (c) If alive, give age years

8. AGE: Years 41 Months (ghost) Days (ghost) If less than one day hrs. min.

9. Birthplace Sehon, Wicomico, Md.
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Stegmiller

12. Name Fanny Moore

13. Birthplace Sehon, Md.

14. Maiden name Elizabeth

15. Birthplace Sehon, Md.

16. Informant Elizabeth Moore

Address Sehon, Md.

17. Date of death 12/7/48
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Sehon, Md.

Location Sehon, Md.

18. Funeral director David K. Moore

Address Sehon, Md.

19. Date rec'd by registrar December 7, 1948 Registrar Louise Strong Taylor

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 4 1948 at 4-a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 and that I last saw alive on 12/4/48

Immediate cause of death Chronic alcoholism
pneumonia, liver

Due to

Due to

Other conditions Chronic alcoholism

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dr. J. H. Taylor M. D. or other

Address Sehon, Md. Date signed 12/4/48

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

UNITED STATES DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION

RECEIVED
DEC 10 1948
BUREAU U. S.

12953

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:

County FrederickCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County FrederickCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)Street No. 517. E. Church St.
(If rural, give LOCATION)2. (a) If veteran, name war World War #2

3. (a) FULL NAME

Louise Davis Peterman

3. (b) Social Security Number

4. Sex

Male

5. Color of race

White

6. (a) Single, married, widowed, or divorced

Married

MEDICAL CERTIFICATION

20. DATE OF DEATH

Dec. 4 1948 at 450a

6. (b) Name of husband or wife

Winfred Eliza Peterman8. (c) If alive, give age 43 years

7. Birth date of

deceased (mo., day, yr.)

Nov. 17-1900

8. AGE:

Year 48 Months 17 Days 17 It less than one day hrs. min.

9. Birthplace

Blackburg, Va.
(Town, county, and state)

10. Usual occupation

Labour

11. Industry or business

John J. Peterman

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

17. Address

18. Address

19. Address

20. Address

21. Address

22. Address

23. Address

24. Address

25. Address

26. Address

27. Address

28. Address

29. Address

30. Address

31. Address

32. Address

33. Address

34. Address

21. I CERTIFY that death occurred on the date above related: that I attended deceased from

and that I last saw him alive on 12/1 1948 to 12/4 1948Immediate cause of death Pulm. Abs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Cause of injury Injured at work?

23. SIGNATURE L. C. Grouse M.D.Address Salisbury, Md.Date signed 12/4/481948 December 6, 1948 Louise Strong
(Date rec'd by registrar)

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

UNITED STATES DEPARTMENT OF TREASURY

OFFICE OF THE COMPTROLLER OF THE CURRENCY

WASHINGTON, D. C. 20540

RECEIVED

RECEIVED

RECEIVED

DEC 8 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

332

1. PLACE OF DEATH:

County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Since Dec. 15, 1948
Hospital, institution, or street address where death occurred:
Eastern Shore Th. Sanatorium
How long in hospital or institution? Since Dec. 15, 1948

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Worcester
City or town Pocomoke
(If outside city or town limits, write RURAL and give nearest town)
Street No. Route #3
(If rural, give LOCATION)
2.(a) If veteran, name war ☒

3. (a) FULL NAME

Phillips, Margaret Bell

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
6.(b) Name of husband or wife Harry Phillips
6.(c) If alive, give age 45 years
7. Birth date of deceased (mo., day, yr.) September 27, 1916
8. AGE: Years 32 Months 2 Days 19 If less than one day hrs. min.

9. Birthplace Blue Ridge, Georgia
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business
12. Name Thomas L. Patterson
13. Birthplace El Paso, Texas
14. Maiden name Colorado Brown
15. Birthplace Blue Ridge, Georgia

16. Informant Sister of Deceased
Mrs. Clarence Phillips
Address Rt. #3, Pocomoke, Md.
17. Burial Date thereof Dec 19, 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)
Cemetery or crematory Halls Hill Baptist
Location Pocomoke City Md.
18. Funeral director Henry H. Hinton
Address Pocomoke City Md.
19. December 17, 1948 Louise Strong Taylor
(Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 16 1948 at 3¹⁰ A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 15 1948 to Dec 16 1948
and that I last saw him alive on Dec 15 1948
Immediate cause of death pulmonary tuberculosis
DURATION 3 years
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?
23. SIGNATURE L. H. Hinton M.D. or other
Address Salisbury Md. Date signed 12/16/48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 20 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1295532

1. PLACE OF DEATH:

County WicomicoCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 12 days

Hospital, institution, or street address where death occurred:

Peninsula General Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HorchesterCity or town Stockton
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2(a) If veteran, name war _____

3. (a) FULL NAME

Pilchard, Mrs. Sadie PILCHARD

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female White married6. (b) Name of husband or wife Pilchard, H. C.

7. Birth date of deceased (mo., day, yr.)

Nov. 14, 1904

7. 6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

6419

hrs.

min.

9. Birthplace Salva Va
(Town, county and state)10. Usual occupation housewife

11. Industry or business

12. Name H. C. Pilchard13. Birthplace Accomac Va14. Maiden name Wise Mills15. Birthplace Salva Va16. Informant C. H. Pilchard (son)Address Stockton, Md17. Cremation Date thereof Dec 7 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Powell AveLocation Greenbushville Va18. Funeral director H. A. H. Builders.Address New Church, Va19. Dec-8 1948 Louise Strong Taylor
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 3 1948 at 11:25 PM

21. I CERTIFY that death occurred on the data above stated; that I attended deceased from

Nov 241948, to Dec 31948.and that I last saw him alive on Dec 3 1948.

Immediate cause of death

Carcinoma rectum

DURATION

Due to

Due to

Other conditions

Pulmonary + BronchitisPertussis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. Nov 25, 1948

Autopsy results

Pertussis, Pulmonary + Bronchitis.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

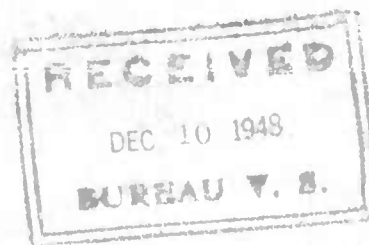
Injured at work?

23. SIGNATURE

Alfred J. Taylor M.D.

M. D. or other

Address Salisbury, Md Date signed 12-8-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:

County WicomicoCity or town Salisbury, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Peninsula General HospitalHow long in hospital or institution? 9 hrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State N.Y. County KingsCity or town Brooklyn
(If outside city or town limits, write RURAL and give nearest town)Street No. 2180 Shanon + 61st
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Mrs. Antoinette Receruto

3. (b) Social Security Number

4. Sex

7

5. Color or race

W

6.(a) Single, married, widowed, or divorced

W

6.(b) Name of husband or wife

Deceased7. Birth date of
deceased (mo., day, yr.)Dec 3, 1880

6.(c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

6800

hrs.

min.

9. Birthplace

Italy
(Town, county, and state)

10. Usual occupation

Laurencio

11. Industry or business

FATHER

12. Name

Vincent Ferraro

13. Birthplace

Italy

MOTHER

14. Maiden name

Unknown

15. Birthplace

16. Informant

Mrs. Mario Corsetta

Address

Brooklyn, N.Y.

17.

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

St. John's Cemetery
Brooklyn, N.Y.

18. Funeral director

Address

The Bell & Graham Co.
Salisbury, Md

19.

(Date rec'd by registrar)

19

Dec. 3, 1948

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 2 1948 at 8:45 M21. I CERTIFY that death occurred on the date above stated; that John deceased fromand that I last saw him dead 12/3/ 1948

Immediate cause of death

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur at home at work on street in car in water in fire in other (City or town) (County) (State)Injured at home, farm, industry, public place (where?) at home at work on street in car in water in fire in otherMeans of injury auto - accident Injured at work? no

23. SIGNATURE

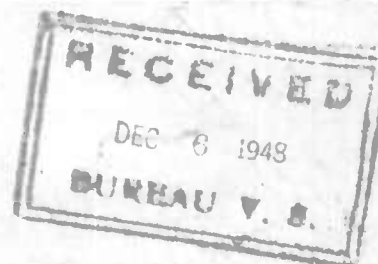
Address Brooklyn, N.Y. Date signed 12/3/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. **332**

1. PLACE OF DEATH:

County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
Cemmanula General Hospital
How long in hospital or institution? 21 hrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State MARYLAND County WICOMICO
City or town NEAR PITTSVILLE
(If outside city or town limits, write RURAL and give nearest town)
Street No. P. RD.
(If rural, give LOCATION)
2. (a) If veteran, name war

3. (a) FULL NAME

Mrs. Maggie Shockley

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
6. (b) Name of husband or wife Arthur S. Shockley
7. Birth date of deceased (mo., day, yr.) December 19, 1974
8. AGE: Years 74 Months Days If less than one day
hrs. min.

9. Birthplace Pittsville Wicomico Co., Md.
(Town, county, and state)

10. Usual occupation House wife

11. Industry or business

12. Name James H. Wells
13. Birthplace Pittsville, Md.
14. Maiden name Mary E. Wells
15. Birthplace Pittsville, Md.

16. Informant Carlton Shockley
Address Pittsville, Md.

17. BURIAL Date thereof DEC 28, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Fairlawn Cemetery
Location 2 miles North Pittsville, Md.

18. Funeral director Wm. H. Taylor
Address Pittsville, Md.

19. Dec. 28 1948 Louise Strong Taylor
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 26 1948 at 10:15 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Medical Examiner Certificate 1948 and that I last saw him alive on 10

Immediate cause of death Fracture of Right Hip DURATION undetermined

Due to fall

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 12/25/48

Where did injury occur? Pittsville Wicomico, Md.
(City or town) (County) (State)

Injured at home, farm, industry, pub'c place (where?) Home

Means of Injury fall Injured at work? no

23. SIGNATURE Clara Shockley
Deputy Medical Examiner D. or other

Address Salisbury, Md. Date signed 12/26/48

MARGIN RESERVED FOR BINDING

VS/A15 9-45-15

VS/A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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2. ALYBAN

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DEC 30 1948

BUREAU 7. 3.

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1012-58

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12958

Reg. Dist. No. 332

1. PLACE OF DEATH:

County Princess AnneCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Princess Anne General Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County SomersetCity or town Princess Anne
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (b) Social Security Number

3. (a) FULL NAME

Smullen, Virginia Lee4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Child

6. (b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 7 Months 18 Days 18 If less than one day _____

9. Birthplace

(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal, Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH December 4 1948, at 10⁰⁰ A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

3 December 1948, to 4 Dec. 1948and that I last saw her alive on 3 Dec. 1948

Immediate cause of death

Bilateral lobar pneumonia

Due to

Due to

Other conditions

(1) Probable septicemia(2) Sepsis

(Include pregnancy within 3 months of death)

Major findings of operations

none

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

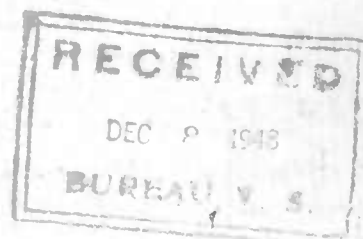
Injured at work?

23. SIGNATURE

Princess Anne

M. D. or other

Address Salisbury, Md. Date signed 12/4/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12959

Reg. Dist. No. 332

1. PLACE OF DEATH:

County Wicomico
 City or town Salisbury
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
Seamans General Hospital
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State MD County Wicomico
 City or town Salisbury
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Race
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Stanford, Mrs Sarah.

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
 6. (b) Name of husband William Stanford
 7. Birth date of deceased (mo., day, yr.) April 23rd 1907
 6. (c) If alive, give age _____ years

8. AGE: Years 41 Months 8 Days 4 If less than one day _____ min.

9. Birthplace Salisbury Md.
 (Town, county, and state)

10. Usual occupation House work

11. Industry or business at home

12. Name Josiah Passwater

13. Birthplace Greenwood Del.

14. Maiden name Elijah Wilkin

15. Birthplace Wicomico C. I Md.

16. Informant Mrs. Myrtle Meyer

Address 612. Patterson Ave. Salisbury Md.

17. Burial Date thereof Dec. 30 48
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematorium Pavonia Cem.

Location Salisbury Md.

18. Funeral director Stallings G. Walter R. Holloman

Address Salisbury Md.

19. Date rec'd by registrar Dec. 28 19 48 Sevier Strong Taylor Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 27 19 48 at 6:55 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ to _____
 and that I testifies _____

Immediate cause of death Cervical fracture

Due to Fractured Rt shoulder

Due to _____

Other conditions Emphysema

(Include pregnancy within 3 months of death)

Major findings of operations None

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Accident Date of 12/25/48

Where did injury occur? Salisbury Wicomico Md
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury slipped on step Injured at work? No

23. SIGNATURE Sevier Strong Taylor M. D. or other _____
 Address Salisbury Md Date signed 12/27/48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 30 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:

County Wilcomica
 City or town Salisbury and
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 31 years
 Hospital, institution, or street address where death occurred: no
 How long in hospital or institution? no

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Wilcomica
 City or town Salisbury and
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 12 Delaware St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war no

3. (a) FULL NAME

George H. Stewart

3. (b) Social Security Number

no

4. Sex Male 5. Color or race a.a. 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Maggie Stewart

7. Birth date of deceased (mo., day, yr.) Feb. 28 1864 6.(c) If alive, give age 84 years

8. AGE: Years 84 Months 0 Days 0 If less than one day hrs. min.

9. Birthplace Quantico md
 (Town, county, and state)

10. Usual occupation carpenter

11. Industry or business Same as above

12. Name Lewellen Han

13. Birthplace Quantico md

14. Maiden name Easter Stewart

15. Birthplace Quantico

16. Informant Mrs. Maggie Stewart

Address Salisbury md

17. Burial Burial Date thereof Dec. 10, 1948
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Quantico md

Location Quantico md

18. Funeral director James H. Stewart

Address Salisbury md

19. December 10 1948 John Strong Taylor
 (Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 6 1948 at 11:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 15 1948 to Dec. 6 1948 and that I last saw him alive on Dec. 6 1948

Immediate cause of death Acute Congestive heart failure

Due to Arterio Sclerotic Heart disease

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Means of injury Injured at work?

23. SIGNATURE E.A. Funnell, M.D. M. D. or other 800 W. M. St. S. Maryland Date signed 12/8/48

RECEIVED
DEC 13 1948
BUREAU V. S.

RECEIVED
DEC 12 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 12951332

1. PLACE OF DEATH:

County *Neomils*
City or town *Salisbury*
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
P.O. #3
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State *md.* County *Neomils*
City or town *Salisbury*
(If outside city or town limits, write RURAL and give nearest town)
Street No. *P.O. #3*
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Chester Jason Tilghman

3. (b) Social Security Number

4. Sex *Male* 5. Color or race *White* 6. (a) Single, married, widowed, or divorced *Married*

6. (b) Name of husband or wife *Dorothy Tilghman*

7. Birth date of deceased (mo., day, yr.) *March 5 - 1909*

8. AGE: Years *39* Months *9* Days *18* It less than one day

9. Birthplace *P.O. #3, Salisbury Md.*
(Town, county, and state)

10. Usual occupation *Carpenter*

11. Industry or business *Elijah J. Tilghman*

12. Name *Elijah J. Tilghman*

13. Birthplace *P.O. #3, Salisbury Md.*

14. Maiden name *Ada Buntz*

15. Birthplace *Pomerville Maryland*

16. Informant *Mr. Elijah J. Tilghman*

Address *P.O. #3, Salisbury Md.*

17. Burial (Burial, cremation, or removal, Which?) *Buried* Date thereof *Dec. 27 - 48*
(month) (day) (year)

Cemetery or crematory *Neomils mem. Park*

Location *Salisbury Md.*

18. Funeral director *Holloman & Co. Walter R. Holloman*

Address *Salisbury Maryland*

19. Date rec'd by registrar *Dec. 27* 19*48* *Louise Strong Taylor* Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH *Dec. 23 - 48* 19*48* at *about 4:30 a.m.*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *medical* 19*48* and that I last saw him *alive* on *Dec. 23 - 48* 19*48*

Immediate cause of death *Suffocation*

Due to *Suffocation*

Due to *Suffocation*

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations *none*

Autopsy results *none*

PHYSICIAN: Please underwrite the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide *accident* Date of *12/23/48*

Where did injury occur? *near Salisbury mem. Park*
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) *Home*

Manner of injury *Fell asleep with cigarette - burned without* Injured at work? *no*

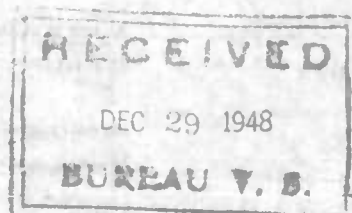
23. SIGNATURE *J. R. Holloman M.D.* M. D. or other *Salisbury Md.* Address *Salisbury Md.* Date signed *12/24/48*

MARGIN RESERVED FOR BINDING

9.45.15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12962

Reg. Dist. No. 332

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:
Peninsula General Hospital

Now long in hospital or institution? 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Wicomico

City or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)

Street No. 213 Center Street
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Syndall, Mr William Elijah

3. (b) Social Security Number

4. Sex male

5. Color or race white

6.(a) Single, married, widowed, or divorced married

6.(b) Name of husband or wife Syndall, Mrs Ida Mae

7. Birth date of deceased (mo., day, yr.) March 27th 1880

6.(c) If alive, give age 66 years

8. AGE: Years 68 Months 9 Days 3

If less than one day
..... hrs. min.

9. Birthplace Chincoteague Virginia
(Town, county, and state)

10. Usual occupation fisherman

11. Industry or business Feldmans Bros. Furniture Co.

12. Name Samuel E. Syndall

13. Birthplace Budds Creek Maryland

14. Maiden name Euphemia Russell

15. Birthplace Chincoteague Va.

16. Informant Mrs Ida Mae Syndall

Address 213 Center St. Salisbury Md

17. Burial Buried Date thereof Jan. 1-1949
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematorium Wicomico Mem. Park

Location Salisbury Maryland

18. Funeral director Holloman & Co. Walter R. Holloman

Address Salisbury Maryland

19. Dec 30 19 48 Louise Strong Taylor
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 30 19 48 at 4:20 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr. 19 47 to Dec 30 19 48

and that I last saw him alive on Dec 29 19 48

Immediate cause of death Myocardial Insufficiency 2 yrs

Due arteriosclerotic

Heart Disease 3 yrs.

Due to Pulmonary Emphysema

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Mode of injury Injured at work

23. SIGNATURE David Schumacher MD

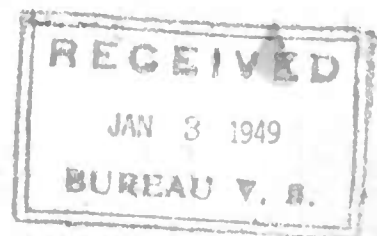
Address Salisbury Date signed Dec 30, 1948

MARGIN RESERVED FOR BINDING

9-45-15M

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

12963

335

1. PLACE OF DEATH:

County Wicomico
 City or town Shapton - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
San Domingo
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Wicomico
 City or town Shapton - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. San Domingo
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Rodella L. Hester

3. (b) Social Security Number

4 Sex Female 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife Lewis Hester
 7. Birth date of deceased (mo., day, yr.) March 31, 1912 6.(c) If alive, give age _____ Years
 8. AGE: Year 36 Months 8 Days 19 If less than one day _____ hrs. _____ min.

9. Birthplace Wicomico County, Maryland
(Town, county, and state)10. Usual occupation Housework11. Industry or business Home12. Name Lewis Brown13. Birthplace Wicomico County, Maryland14. Maiden name Ella Ennis15. Birthplace Wicomico County, Maryland16. Informant Larry BrownAddress 1425 N. 57th Street, Philadelphia, Pa.17. Burial Date thereof December 23, 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory San Domingo CemeteryLocation Near Shapton, Maryland18. Funeral director J. J. Fraughton and SonAddress Federalburg, Maryland19. 12-23 19 48 Walter E. Mann
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 20 19 48 at 2:57 A. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9/22 19 48 to Dec 20 19 48 and that I last saw him alive on Dec 15 19 48Immediate cause of death Probable Tuberculosis DURATION 3 1/2 yrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Manner of injury Injured at work?

23. SIGNATURE H. S. Kuhlman M.D. M. D. or otherAddress Shapton, Md. Date signed 12/20/48

RECEIVED

DEC 27 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County Wicomico
 City or town Salisbury, Md.
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred

Peninsula General Hospital
 How long in hospital or institution?

3. (a) FULL NAME

Wallace, William Stanley

4. Sex

Male

5. Color or race

C

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Agnes Wallace

7. Birth date of

deceased (mo., day, yr.)

2-18-11

6. (c) If alive, give age 36 years

8. AGE:

Years

Months

Days

If less than one day

37

10

7

hrs.

min.

9. Birthplace

Deal Island, Somerset Co., Maryland
 (Town, county, and state)

10. Usual occupation

Chauffeur

11. Industry or business

Same

FATHER
MOTHER

12. Name

John M. Wallace

13. Birthplace

Deal Island, Somerset Co., Md.

14. Maiden name

Delilah - Wallace

15. Birthplace

Polks Rd., Somerset Co., Md.

16. Informant

Mrs. Agnes Wallace

Address

2135 Mc Culloch St., Baltimore Md

17.

(Burial, cremation, or removal. Which?)

Burial

Date thereof

12-29-48
 (month) (day) (year)

Cemetery or crematory

Deal Island

Location

Deal Island, Maryland

18. Funeral director

James F. Stewart

Address

402 E. Church St., Salisbury, Md.

19.

(Date rec'd by registrar)

Dec 28

1948

Lois Strong Taylor

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Baltimore
 (If outside city or town limits, write RURAL and give nearest town)

Street No.

2135 Mc Culloch St.

(If rural, give LOCATION)

2. (a) If veteran, name war

No

3. (b) Social Security Number

Yes -

MEDICAL CERTIFICATION

20. DATE OF DEATH

Dec 25 1948 at 3 45 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Medical Examiner Certificate
 and that I last saw him alive on 12-25-48

Immediate cause of death

Fracture of Skull

DURATION

sudden

Due to

Automobile accident

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 12-24-48

Where did injury occur? 2135 Mc Culloch St., Baltimore, Md
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Highway

Means of injury Struck by automobile at work? No

23. SIGNATURE

Lois Strong Taylor

Address

Salisbury Md

Date signed

12/26/48

RECEIVED

DEC 30 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Indicate correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 335

1. PLACE OF DEATH:

County WICOMICO
 City or town SHARPTOWN
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 14 YEARS
 Hospital, institution, or street address where death occurred:
MAIN STREET
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State MARYLAND County
 City or town SHARPTOWN
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. MAIN STREET
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

OLLIE WRIGHT

3. (b) Social Security Number

12-23-36

4. Sex MALE 5. Color or race WHITE 6.(a) Single, married, widowed, or divorced MARRIED
 6.(b) Name of husband or wife ELNORA E. WRIGHT
 6.(c) If alive, give age 66 years
 7. Birth date of deceased (mo., day, yr.) FEB 27 1884
 8. AGE: Years 64 Months 9 Days 13 It less than one day
hrs. min.

9. Birthplace UNKNOWN DELAWARE
 (Town, county, and state)
 10. Usual occupation LABORER
 11. Industry or business MARVEL PACKING CO.
 12. Name HENRY WRIGHT
 13. Birthplace UNKNOWN
 14. Maiden name CELLA WILLIAMSON
 15. Birthplace UNKNOWN

16. Informant MRS. ELNORA WRIGHT
 Address SHARPTOWN MARYLAND
 17. BURIAL Date thereof DEC 22 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory VIENNA P.E. CEMETERY
 Location VIENNA, MARYLAND
 18. Funeral director MEDFORD L. WATSON JR
 Address SEAFORD DELAWARE

19. 12-21 19 48 WELTON E. MANN
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 19 1948 at 8 P M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 19 1948 to Dec 19 1948
 and that I last saw him alive on Dec 19/48 19
 Immediate cause of death Coronary Occlusion
 DURATION 1/2 hrs.
 Due to
 Due to
 Other conditions
 (Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE W. E. Mann M. D. 12/20/48
 Address Sharptown Md Date signed

